

Lewis Taylor Anderson

Town

County

Died at

Crumpton

Sumner Anne

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 23

Age 80

6

11

Del

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Jane Frances Chairo

Father's

Name

Wm B. Anderson

Maiden Name

Mother's

Mary Taylor

Cause of

Primary

Dysentary

Death

Immediate

Exhaustion with Coma

How long sick

10 days.

~~Accident, Suicide, Homicide~~

Reported by

F. N. Sheppard M.D.

Address

Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Bailey

Town

County

MARYLAND

Died at

Kent Island Queen Anne's

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 27

Age

10

Kent Island

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Harry Bailey

Mother's

Name

Annie Green

Cause of

Primary

How long sick

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Dr. John P. Bentler

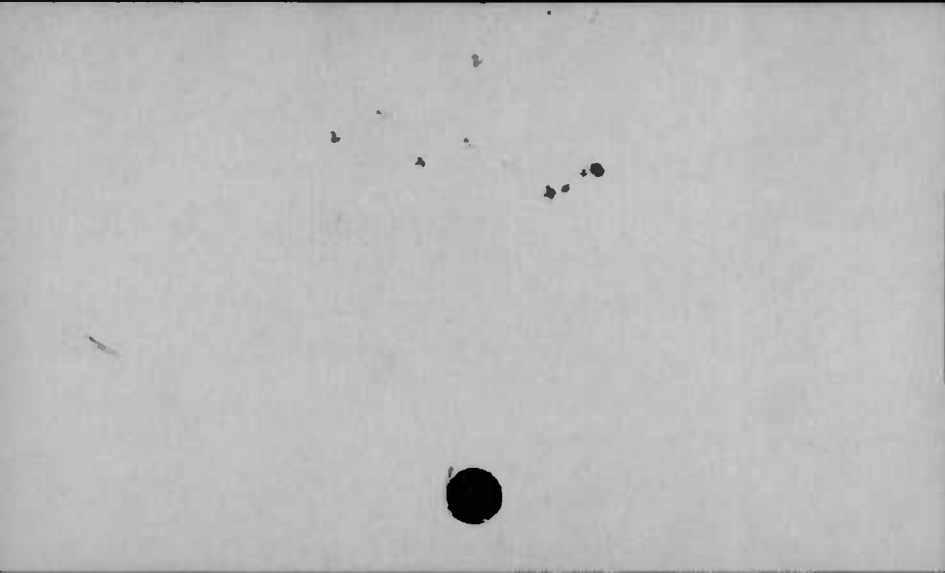
Address

Kent Island

Queen Anne's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65966



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Bebe Brown*

Town *near Church Hill* County *2. A. County*

Died *near Church Hill*

Date of death 190 *2* Month *July* Day *22* Age *4* Years Months *4* Days *26*

Sex *male* Color or Race *Black* Birth-place *near Church Hill*

Married, Single or Widowed \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Wife or Husband *Anna I. Brown*

Father's Name *George E. Brown* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Anna I. Bennett* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *George E. Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* How long \_\_\_\_\_

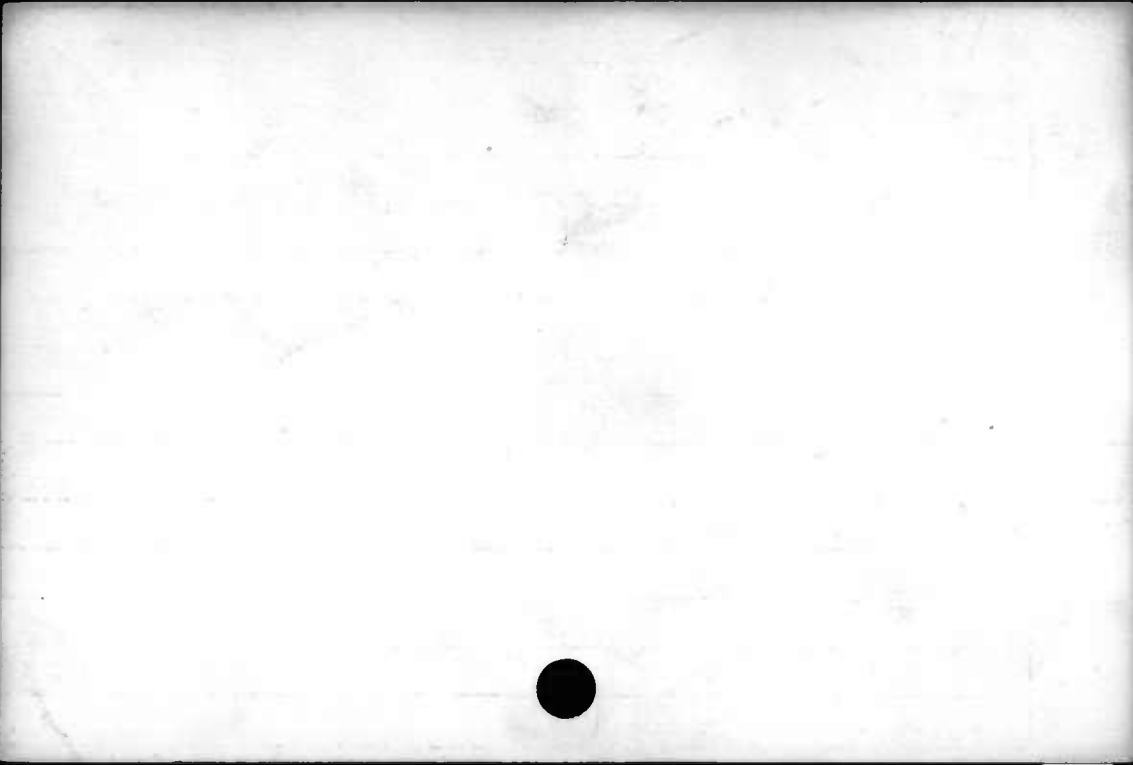
Immediate *Prostration* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

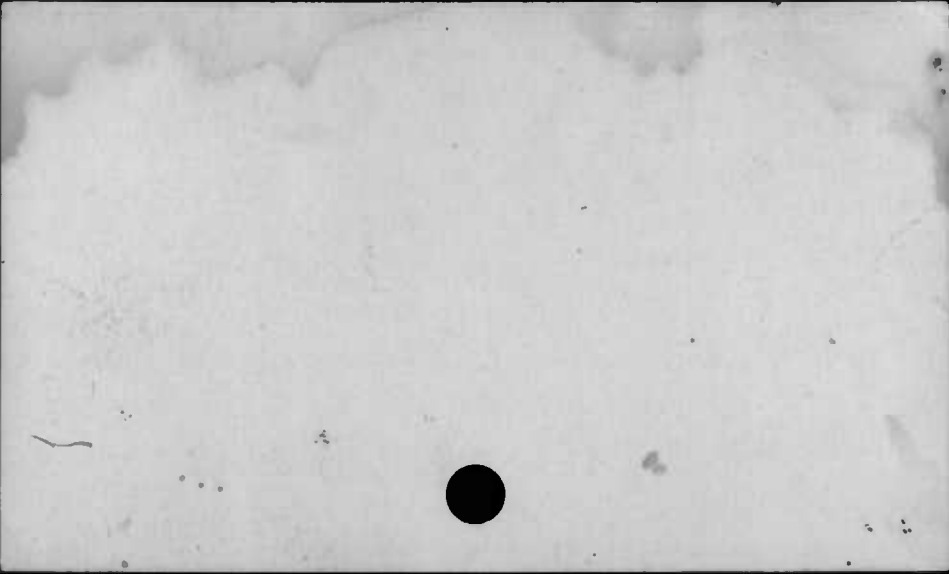
Signature of Physician *S. B. Dudley*

Address *Church Hill Maryland*

Accident or Suicide? \_\_\_\_\_









Name in Full

Certificate of Death

Jas H Carroll

Town

County

Died at

Winchester Queen An

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

4

Age 1

md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

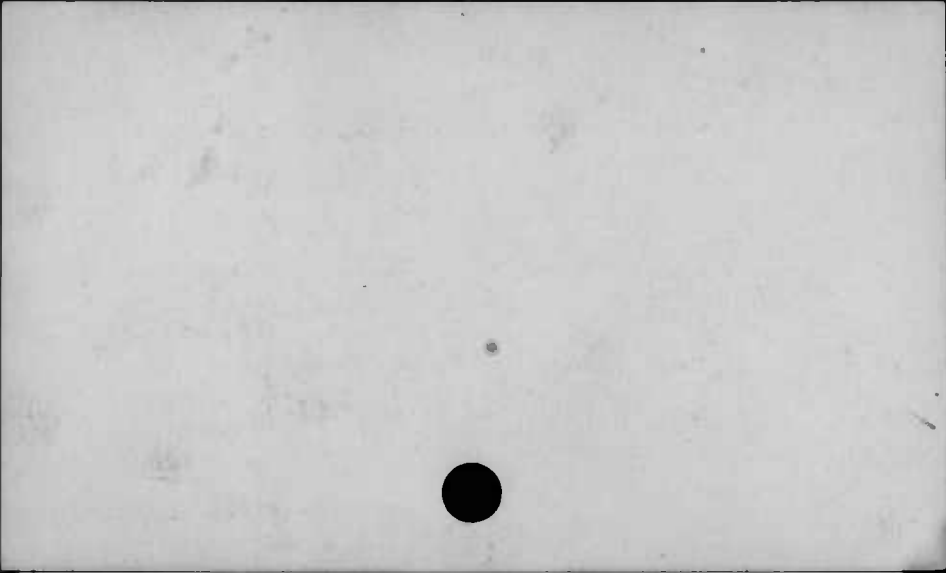
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 700046



Name in Full

Certificate of Death

Died at

Date

~~Male~~

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~~~Single~~~~Widower~~

Number of children living

0

of

Mother's

Name

How long sick

Primary

Immediate

Accident; Suicide; Homicide

LIBRARY BUREAU, 18968



Name in Full

Certificate of Death

Richard W. Earle of Laurel,

Town

County

Died at

near Centerville Queen Anne's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

5

Age

59

Md

Custodian

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living none

Husband of

Wife

Father's

Name

Samuel J. Earle

Mother's

Maiden Name

Mary Esther Brudges

Cause of

Primary

Chronic Interstitial Nephritis

How long sick

5 or 6 yrs

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

M. S. Krause and  
Centerville

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Frazier

Town

County

Died at Burrieville Queen Anne's

MARYLAND

Date 1902 7 - 3 Age 65 - - Native of 2.A.Co Occupation Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Amanda Dudley

Father's Name David Frazier Mother's Maiden Name Cusby -

Cause of Death { Primary Paralysis Immediate " " } How long sick 2 years

Accident, Suicide, Homicide

Reported by Robt. W. Eddins of Wright Brothers

Address Centerville and Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

7  
Foregoing information was  
given by family Doctor Corkran  
had previously treated the  
deceased.

Robt. W. Eddies

---



Name in Full

Certificate of Death

*Harrietta Gibbons*  
 Town *Barclay* County *S. A.* **MARYLAND**

Died at *Barclay* Month *Oct* Day *31* Y. *105* M. *105* D. *105* Native of *Barclay* Occupation *Housewife*

Date 19 *02* *Oct* *31* Age *105*  
 Male *White* Married *Widow* Divorced *Number of children living*  
 Female *Colored* Single *Widower*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

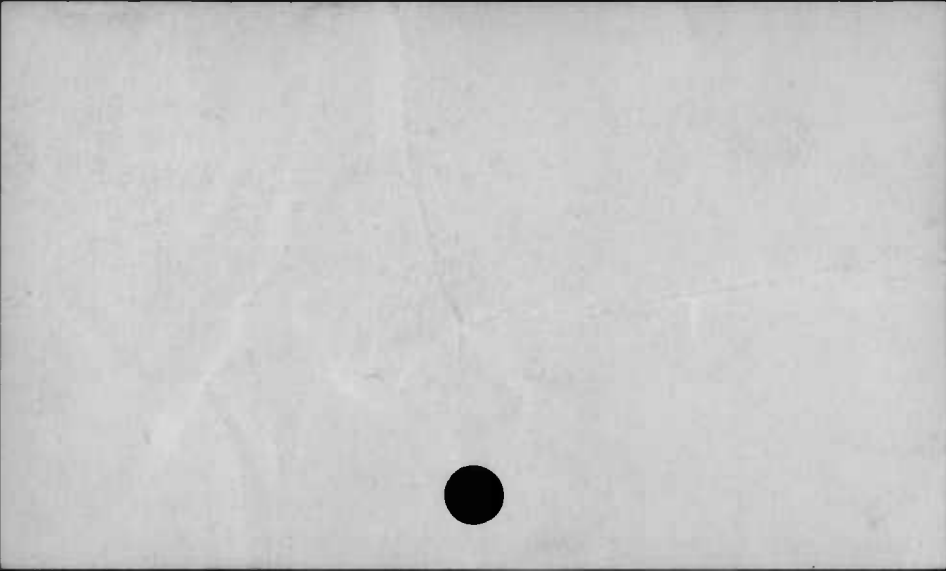
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Charles Hawkins.

Died at <sup>Town</sup> Centreville <sup>County</sup> D. A.

MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 28 | <sup>Y.</sup> | <sup>M.</sup> 05 <sup>D.</sup> | <sup>Native of</sup> Md | <sup>Occupation</sup>

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Charles Hawkins Mother's Name Alice Hawkins

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

4 months.

Accident, Suicide, Homicide

Joseph. G. Dawson.

Centreville Maryland.

No Dr. Information given by Mother.  
Alice Hawkins.  
Centreville,  
Maryland.

Not named.

Died at <sup>Town</sup> Near Centerville <sup>County</sup> La. Co.

MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 17 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup>

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Singl~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name James Holliday Mother's Name Clara Brown.

Cause of Death { Primary Cold. How long sick 2 months.

Death { Immediate 151 Accident, Suicide, Homicide

Reported by Jos. G. Dawson.

Address Centerville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Dr. Information from  
James Holliday.  
Centreville.  
Maryland.

Wm. V. Lindale

Town

County

Died at

MARYLAND

Died at Kent Island Queen Annes  
 Month Day Y. M. D. Native of Occupation  
 Date 189 902 July 9 Age 43.9-0 Del. Farmer  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 1

Husband of

~~Wife~~  
 Father's Name

Mother's Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Seen by Coroner Hugh C. Legg,  
of Kent Island, ctd.

Attended by Dr. Dr. C. Percy Kemp  
of Kent Island ctd.

Information contained in this certificate re-  
ceived from family of Dr. C. P. Kemp

of Kent Island ctd.



Name  
in  
Full

Aristotle Nelson

CERTIFICATE OF DEATH

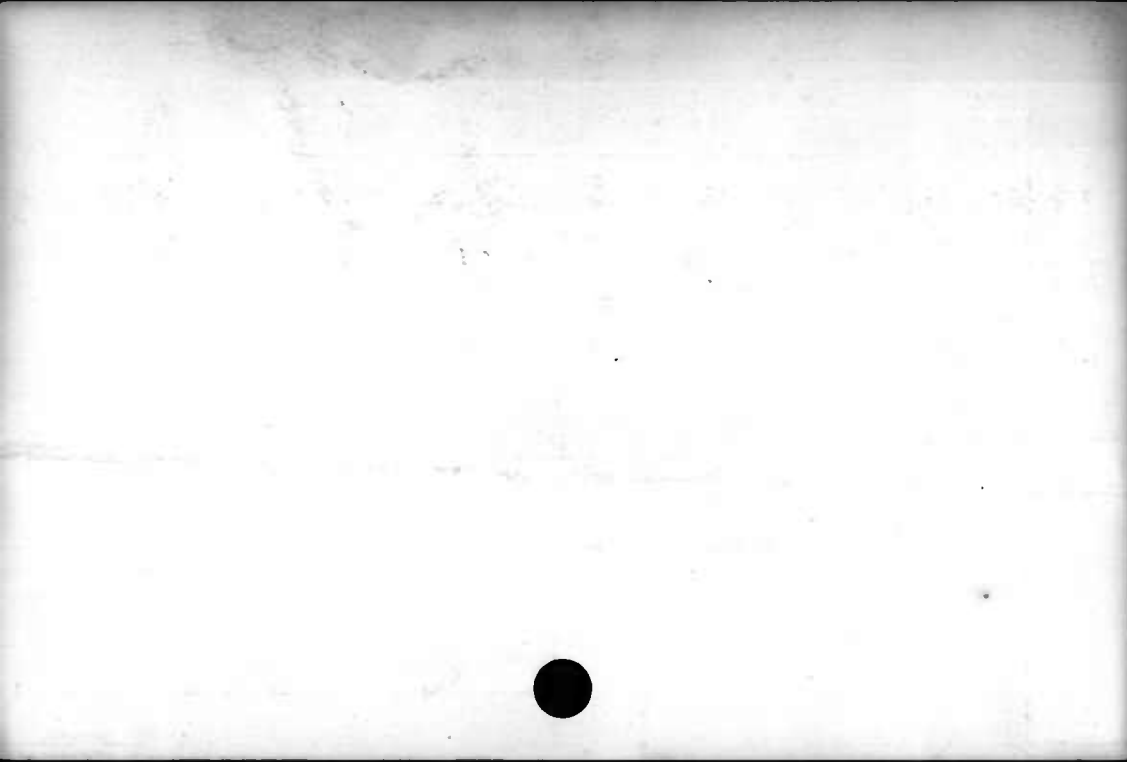
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Queens town</i> <sup>County</sup> <i>Queen Anne Co</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>22</i>	Age <i>19</i> Years Months <i>3</i> Days <i>12</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Idaho</i>	
Married, Single or <del>Widowed</del>		Occupation <i>Farmer</i>	
Name of Wife or Husband			
Father's Name <i>Benjamin Nelson</i>		Father's Birthplace <i>Idaho</i>	
Mother's Maiden Name <i>Mary E Reems</i>		Mother's Birthplace <i>Idaho</i>	
Name of person giving information <i>W H Nelson 119</i>		How related to deceased <i>Aunt</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Brights disease heart</i>	How long <i>4 weeks</i>
Immediate <i>overbay of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles Cockey</i>
<i>yes</i>	Address <i>Queens town</i>
Accident or Suicide?	



Name  
in  
Full

Adie, daughter of Mary J Plummer


## CERTIFICATE OF DEATH

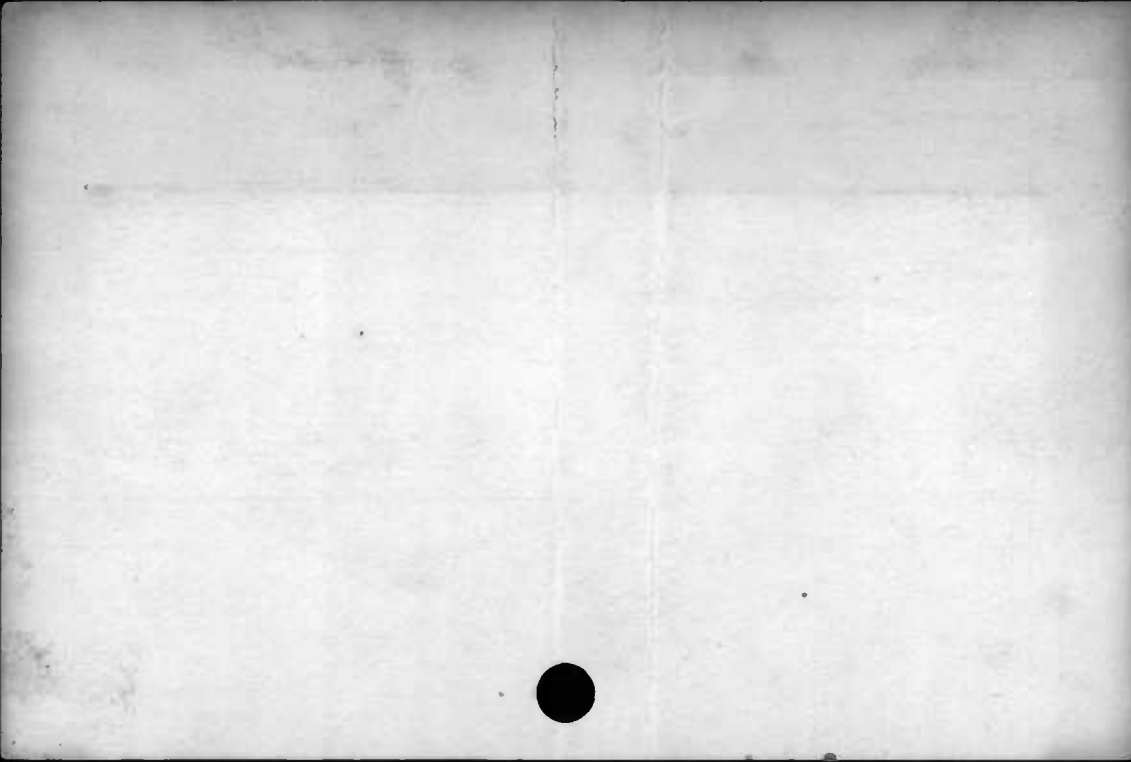
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near guys</i>		Town		County		— MARYLAND	
Date of death 1902	Month <i>July</i>	Day <i>20<sup>th</sup></i>	Age	Years	Months <i>one</i>	Days <i>9</i>	
Sex <i>girl</i>	Color or Race <i>white</i>		Birth-place <i>R H Bryan Farm</i>				
Married, Single or Widowed <i>single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Not married</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary J Plummer</i>				Mother's Birthplace <i>Queenans Co</i>			
Name of person giving information <i>J E Plummer</i>				How related to deceased <i>grandfather</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10</i>
Immediate <i>Asphyxiation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H N Beall MD</i>
	Address <i>Ford St</i>
	
<input checked="" type="checkbox"/> Accident or Suicide?	



Name in Full

Certificate of Death

Ralph Henry Price

Town

County

Died at *Near Lincunston Lincun Anne* MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	7	14		7	10	Maryland	
Male	White	Married		Widow	Divorced		
<u>Female</u>	<u>Colored</u>	<u>Single</u>		<u>Widower</u>	<u>Number of children living</u>		

Husband  
of  
Wife

Father's Name *Charles B. Price* Mother's Maiden Name *Laura A. Rhodes.*

Cause of Death	Primary	<i>Whooping cough</i> <i>Pneumonia</i>	How long sick	<i>7 Days</i>
	Immediate		<u>Accident</u> <u>Suicide</u> <u>Homicide</u>	

Reported by

*Howard R. Hopkins*

Address

*Lincunston*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*MJ*  
LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Infant (Dead Born)

Died at <sup>Town</sup> Kent Island <sup>County</sup> Q A C. MARYLAND

Date 1902 July 8 Y. M. D. Native of Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Walter L. Price Mother's Name May M. Denny

Maiden Name

Cause of Death Primary Suffocation

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by C. Percy Kump

Address Kent Island cld.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Beulah Irene Rhodes

Died at <sup>Town</sup> Home Near Catonsville <sup>County</sup> Dulles Anne MARYLANDDate 19 <sup>Month</sup> 04 <sup>Day</sup> July 1 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 5 months <sup>Native of</sup> <sup>Occupation</sup>

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Rhodes

Mother's  
Maiden Name

Miss Louie Wood

Primary

Immediate

acute obs. Catarsis

exhaustion

How long sick

Accident, Suicide, Homicide

4 days

G. S. Dudley, Jr.

Church Hill • Dulles Anne Co Md



Adelaide Roberts

Died at

Town *Crossica* County *Neck* State *Maryland*  
 Month *7* Day *4* Y. *4* M. *7* D. *2* Native of *La. Co.* Occupation

Date 19 *02.*

Age

*4-7-**La. Co.*

*Male*  
 Female

Married  
 Single

Widow  
 Widower

Divorced  
 Number of children living

Husband of

Wife

Father's Name *Chas Roberts*

Mother's  
 Maiden Name

*Adelaide Jackson*

Cause of Primary

*Whooping Cough*

Death Immediate

*Congestion Lungs*

How long sick

*Couple Weeks*

Accident, Suicide, Homicide

Reported by

*Pat W. Eddins*  
*Centerville*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information furnished by  
Father of deceased.

Name  
in  
Full

CERTIFICATE OF DEATH

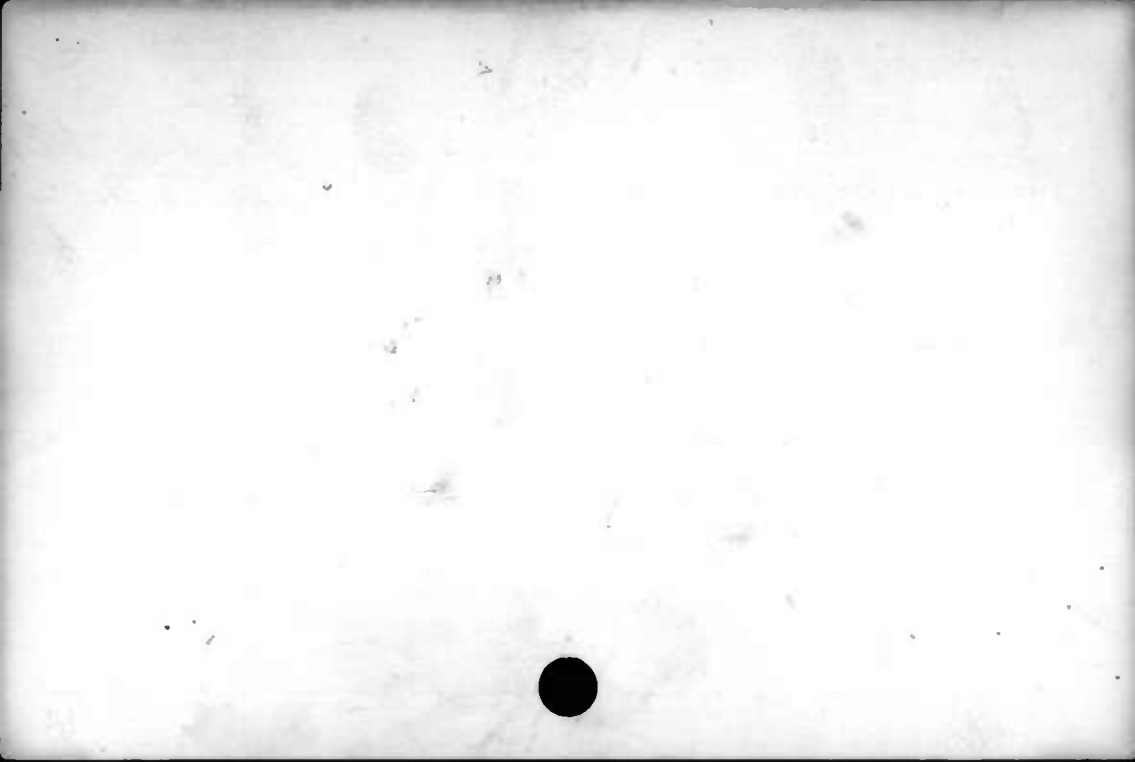
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John M. Roe</i>		Town <i>Pring Creek</i>		County <i>Calver</i>		MAYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>4</i>		Day <i>30</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Age <i>76</i>		Years <i>6</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>		Birthplace <i>Calver Md</i>		Months <i>10</i>	
Name of Wife or Husband <i>John M. Roe</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>James E. Roe</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis Asthma</i>		How long <i>Two years</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas Corkey</i>	
<i>yes</i>		Address <i>Greentown</i>	
Accident or Suicide?			



Hannah Rosser

Died at <sup>Town</sup> Sudlersville <sup>County</sup> Turn Anne

MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 20 <sup>Y.</sup> Age 55 <sup>M.</sup> — <sup>D.</sup> — <sup>Native of</sup> Maryland <sup>Occupation</sup> —

~~Male~~ <sup>White</sup> ~~Marrd~~ <sup>Widow</sup> ~~Divorced~~  
 Female ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup>

Husband ~~et~~

Wife

Father's Name John Rosser Mother's Maiden Name Emeline Rosser

Cause of Death { Primary Myelitis Paralysis How long sick Three months  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Foster Sudler 63

Address Sudlersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Isaac Ashberry Ryland

Town

County

Died at Crumpton

Queen Anne

MARYLAND

Date 1902 July 3

Month

Day

Y.

M.

D.

Native of

Occupation

Age 68 7 9 Maryland Magistrate

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

~~Wife~~

Mary E Woodall

Father's

Mother's

Name

Isaac Ryland

Maiden Name

Aletta A Walmsley

Cause of

Primary

Angina Pectoralis

How long sick

5 days

Death

Immediate

Paralysis of heart

~~Accident, Suicide, Homicide~~

Reported by

F. N. Sheppard M.D.

Address

Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William States

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Queen Co.</i>			Town <i>Queen Co.</i>		County <i>Queen Co.</i>		MARYLAND	
Date of death 1902		Month <i>July</i>	Day <i>12</i>	Age	Years	Months <i>8</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chesapeake</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>						
Name of Wife or Husband <i>none</i>								
Father's Name <i>Geo States</i>				Father's Birthplace <i>La Co</i>				
Mother's Maiden Name <i>Linda King</i>				Mother's Birthplace <i>Chesapeake</i>				
Name of person giving information <i>no</i>				<i>105</i>		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantis</i>		How long <i>10 days</i>
Immediate <i>Cerebral Palsy</i>		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Leonard M.D.</i>
		Address <i>Chesapeake</i>
Accident or Suicide?		



Sarah E. Stewart

Died at <sup>Town</sup> Carmichael <sup>County</sup> Allegheny MARYLAND

Date 19 <sup>Month</sup> 02 <sup>Day</sup> 7 <sup>Age</sup> 50.2 <sup>Native of</sup> 2400 Md <sup>Occupation</sup> Homemaker

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 4

Husband of James Stewart 169

Wife

Father's Name John Brown Mother's Name Margaret

Cause of Death { Primary Heat Congestion lungs Brain - 2 Days

Death { Immediate Paralysis heart Accident, Suicide, Homicide

Reported by Chas Cockey Md

Address 2000 Union

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Adalaide Thomas -

Died at <sup>Town</sup> Rich Neck <sup>County</sup> Queen Anne

MARYLAND

Date 19 <sup>Month</sup> 02 <sup>Day</sup> July 14 Age <sup>Y.</sup> 26 <sup>M.</sup> - <sup>D.</sup> - Native of Md. Occupation Housewife -

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 3

~~Husband~~ or ~~Wife~~ Frank Thomas -

Father's Name ~~Brinkley~~ Mother's Name Sarah Jane Brinkley

Brinkley Maiden Name

Cause of Death { Primary Tuberculosis 2 How long sick 4 mos. 1

Immediate Asthenia 2 Accident, Suicide, Homicide

Reported by H. L. Dodd, M.D. -

Address Chester town, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Bertha Thomas

Died at <sup>Town</sup> Rich Neck <sup>County</sup> Queen Anne's MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	25		3	26	Maryland	
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of

Wife

Father's Name	Mother's Maiden Name
Frank Thomas	Adeline Thomas

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
		Summer Complaint - 105		

Reported by	Address
William J Miller Undertaker	RR No 2 Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Thomas

Died at

Town

County

Rich Neck

Queen Anne's

MARYLAND

Date 189

2

Month

7

Day

25

Age

Y.

2

M.

D.

26

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Thomas

Mother's

Name

Adeline Thomas

Cause of

Primary

Death

Immediate

Phthisic

27

How long sick

Accident, Suicide, Homicide

Reported by

H. M. Miller

Undertaker

Address

R R No 2

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name  
in  
Full

Louisa Thomas

CERTIFICATE OF DEATH

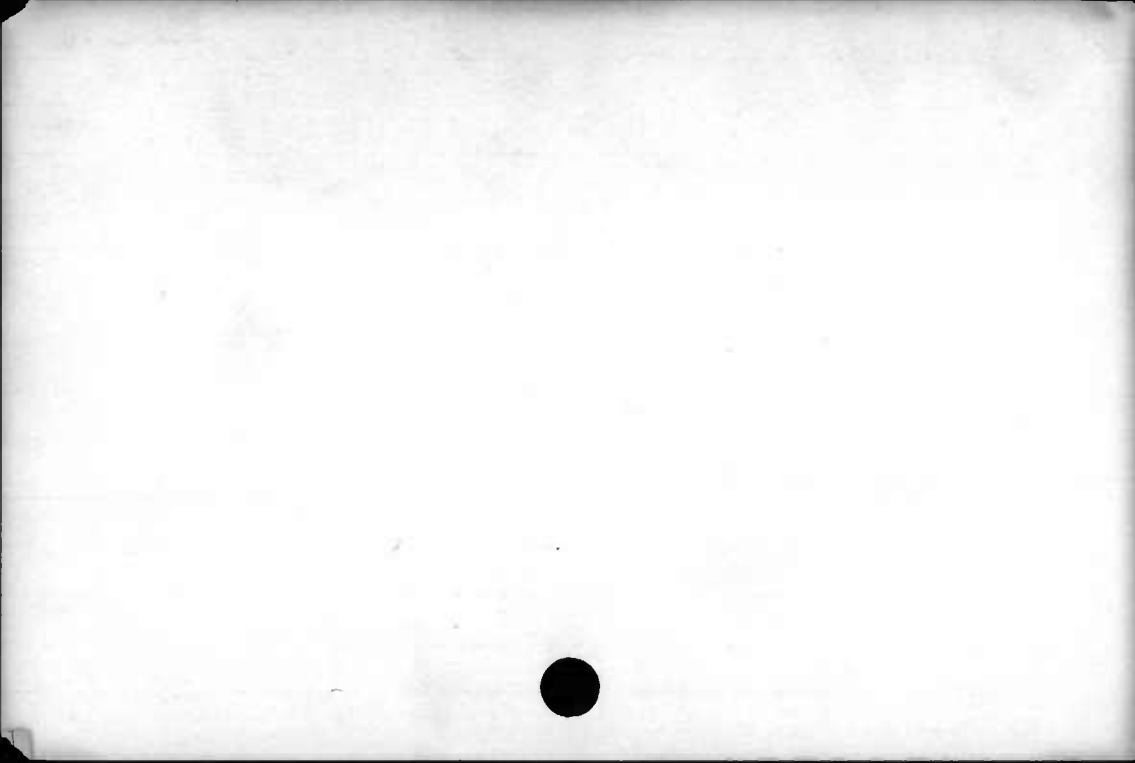
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kent Island</i> <sup>Town</sup>		<i>Queen Annes</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>17</i>	Age <i>1</i> <sup>Years</sup>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Kent Isld cld</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Infant-</i>			
Name of Wife or Husband					
Father's Name <i>Henry Thomas</i>			Father's Birthplace <i>Kent Isld cld</i>		
Mother's Maiden Name <i>Carrie Thompson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information			How related to deceased <i>105</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O Percy Kemp</i>
<i>yes</i>	Address <i>Kent Isld cld</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Robert-March Thomas

Town

County

MARYLAND

Died at

Crumpton Queen Annes

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

26

Age

4

Maryland

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband ofWife

Father's

Mother's

Name

Charles Thomas

Maiden Name

Tillie Cooper

Cause of

Primary

Consumption

How long sick

four months

Death

Immediate

"

27

Accident, Suicide, Homicide

Reported by

Bradley H. Carter Undertaker

Address

Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Minnie Wilkins.

Town

County

Died at

Winchester

Green Anne MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 12

Age 40

Maryland Housewife

MaleWhite

Married

WidowDivorced

Female

Colored

Single

Widower

Number of children living

Four

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis 10

How long sick

9 months

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

Hammond R. Hopkins.

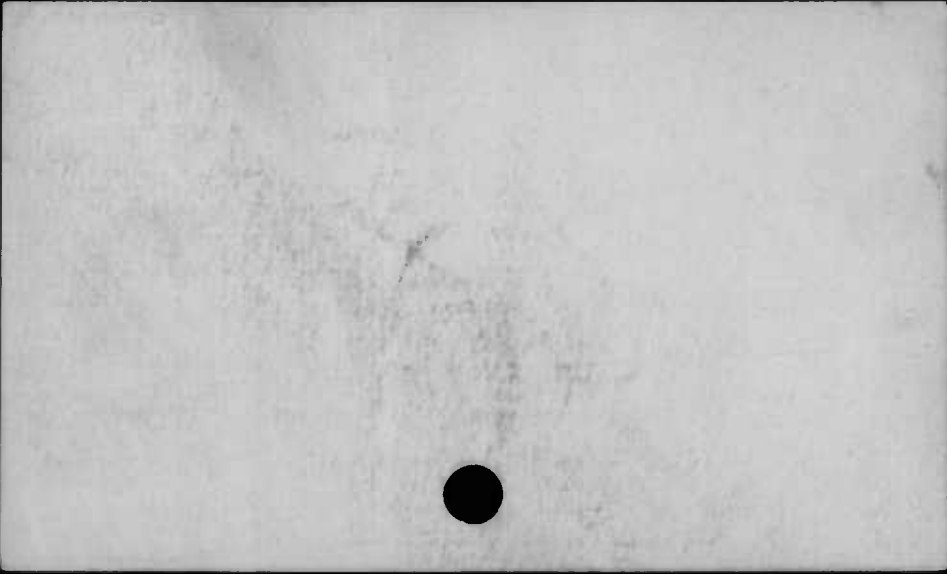
Address

Greentown,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Millie Louise Wilson

Town

County

Died at

MARYLAND

Date 1902

Month Day  
July 31

Age

Y. M. D.  
1 0 17

Native of

Ireland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo. M. Wilson

Mother's

Maiden Name

Manda Thomas

Cause of

Primary

Cholera Infantum

How long sick

8 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Walter H. Fenby

Address

Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

